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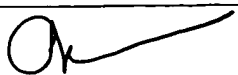
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| Substitute of form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | Complete if Known | |
| | | Application Number | Unknown 10/687,852 |
| | | Filing Date | October 17, 2003 |
| | | First Name Inventor | Christopher Fuller |
| | | Group Art Unit | Unknown 3753 |
| Examiner Name | Unknown Chambers | | |
| Sheet 1 of 1 | Attorney Docket Number | | 010121-5004-01 |

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| Examiner Signature |  | Date Considered | 09/04 |
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

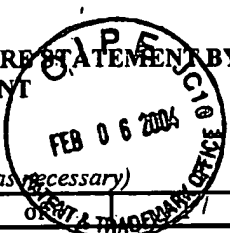
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| | | Filing Date | October 17, 2003 |
| | | First Name Inventor | Christopher Fuller |
| | | Group Art Unit | 3676-3253 |
| | | Examiner Name | Unknown <i>Chamber</i> |
| | | Attorney Docket Number | 010121-5004-01 |
| Sheet | 1 | | |

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